

STATE OF FLORIDA

**DEPARTMENT OF AGRICULTURE AND
CONSUMER SERVICES**



**NICOLE “NIKKI” FRIED
COMMISSIONER**

**OFFICE OF THE COMMISSIONER
QUESTIONNAIRE FOR PUBLIC CEREMONY HONOREES**



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER NICOLE "NIKKI" FRIED

MEMORANDUM

TO: Prospective Public Ceremony Honorees

FROM: Office of the Commissioner, External Affairs
PL-10 The Capitol, 400 South Monroe Street
Tallahassee, Florida 32399-0800
Office: (850) 617-7700; Fax: (850) 617-7744

SUBJECT: Questionnaire for Public Ceremony Honorees

The completion of this questionnaire is required for prospective selectees to be honored at public ceremonies with the Florida Commissioner of Agriculture and Consumer Services. Please complete the questionnaire and return as soon as possible to Ed Rodriguez at ed.rodriguez@freshfromflorida.com.

The first section of the questionnaire is to request your permission to conduct a background check and collect the necessary information needed for it to be completed by Florida Department of Agriculture and Consumer Services staff. The second section asks for additional information we need to determine your qualifications for selection.

Thank you for taking the time to fill out the questionnaire. If you have any questions, do not hesitate to contact Ed Rodriguez in the Office of External Affairs at (850) 766-8582.

Thank you in advance for your cooperation.



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Office of the Commissioner

**QUESTIONNAIRE FOR PUBLIC
CEREMONY HONOREES**

Phone: (850) 617-7700; Fax: (850) 617-7744

I. REQUESTED INFORMATION FOR BACKGROUND CHECK

The information from this page is requested and will be used exclusively by the Florida Department of Agriculture and Consumer Services to conduct a background check.

Do We Have Your Permission to Conduct this Background Check? ☐ Yes ☐ No

☐ (Optional) I am a current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001. Pursuant to s. 119.071(5)(k), Florida Statutes, I request that my home address, telephone number, date of birth, and cell phone number ("identification and location information") be exempt from public disclosure. I have made reasonable efforts to protect my "identification and location information" from being accessible through other means available to the public.

Full Name: _____

Date of Birth: _____

Current Employer and Occupation: _____

*Sex: ☐ Male ☐ Female

*Race: ☐ White ☐ Native-American/Alaskan Native
☐ Hispanic-American ☐ Asian/Pacific Islander
☐ African-American ☐ Other

Cellular Telephone Number: _____

Email Address: _____

*This information will be used to inform for the requested background check and is not requested for the purpose of discriminating on any basis.

II. QUESTIONNAIRE FOR PROSPECTIVE HONOREES

The questionnaire must be completed in full. Answer "none" or "not applicable" where appropriate.

Date: _____

Name: _____

Ceremony of Interest: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

1. Please describe your professional and/or educational background, experience and/or personal history that qualify you to be honored at this ceremony:

2. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? ☐ Yes ☐ No

If "Yes", list:

3. Identify all association memberships and association offices held by you that may relate to this ceremony:

4. Do you know of any reason why you will not be able to be honored at this ceremony if selected?

If "Yes" please explain:

5. Please describe why you are interested in being honored at this ceremony:

By signing and submitting this application, I agree that the foregoing information is true and accurate to the best of my knowledge.

Signature

Date